

D205-596-105 (145")

MAT - (D6005-180) B 69797.

D2889 - Folio
Rollers 3 x 2.75
Lines -

16.8125 from centerline

43.28 from centerline

Side bends buggy - SA 3"+2 shims

SB 3" (new buggy) / adjust supporting rollers as required.

For D205-596-105 pre-cut extrusion to 145"

For D205-596-101 pre-cut extrusion to 158"

MIDDLE

Start program 2889middle @ 43.28 line w/tube closer to the wall. Approach is 2522 on Y&W.
For bending middles, use supporting rollers on each side of the machine. Bring to almost touch tube, leave the thickness of a hair to prevent damage on tube as it's bending. Middle bend must be at reference line on wall template to be good.

2522/2572

SIDES

Run programs 10-15 With longest part of tube on small table, starting @ line 16.8125. Approach is 3280 on W on all programs. Program 10-15 will start @ 2250 approach on Y. Run program 16-19 from the same line. CHECK. Use programs 20-26 to finish tube, use 2350 on Y and 3280 for W for Approach.

Happy Bending

09/03/09

bent two tubes as per folio and both tubes turned out very nice.

09/03/30

bent one tube as per folio and tube turned out very nice.

09/04/02

bent 1 tube middle went great..... SA took 19 x 2 + 20 x 2 to get 54.750

SB took 19 x 2 to get 54.780
at a height of 32.4

prog 19 line 10 is 3300 power

prog 20 on line 10 I added 25 points to give 3325, and 20a I added 15 points to the same line to give 3340.

Middle

10-15

10-15

16-19

16-19

20

21

22

| | | | | | | |
|-----------------------------|--------------------|----------------------|---|--------------------------------|---------------------------|--------------|
| DRAWING NO. D205-596-105 | TITLE CROSSTUBE | REV. B | DART AEROSPACE LTD ENGINEERING ORDER | D.E.O. NO. D205-596-105-B-1 | SHEET NO. SHEET 1 OF 1 | SCALE NTS |
| DRAWN <i>UP</i> | CHECKED <i>PH</i> | MFG. APPR. <i>MM</i> | APPROVED <i>MD</i> | DE APPR. <i>MM</i> | | |
| DATE 09.05.01 | DATE 09.06.15 | DATE 09/06/22 | DATE 09/06/22 | DATE 09.06.22 | | |

CHANGE:

ADD THE FOLLOWING CROSSTUBE ASSEMBLY:

| Part Number | Description |
|---------------|------------------------------------|
| D205-596-105B | CROSSTUBE ASSEMBLY (214 HI-HI FWD) |

THE D205-596-105B CROSSTUBE HAS THE SAME PARTS LIST AS THE D205-596-105 CROSSTUBE. HOWEVER, INSTALL THE SUPPORTS AS SHOWN IN FIGURE 1 OF THIS ENGINEERING ORDER. THE NEW KIT IS OTHERWISE ASSEMBLED PER THE D205-596-105 CROSSTUBE.

RELEASED
09/06/22 *MD*

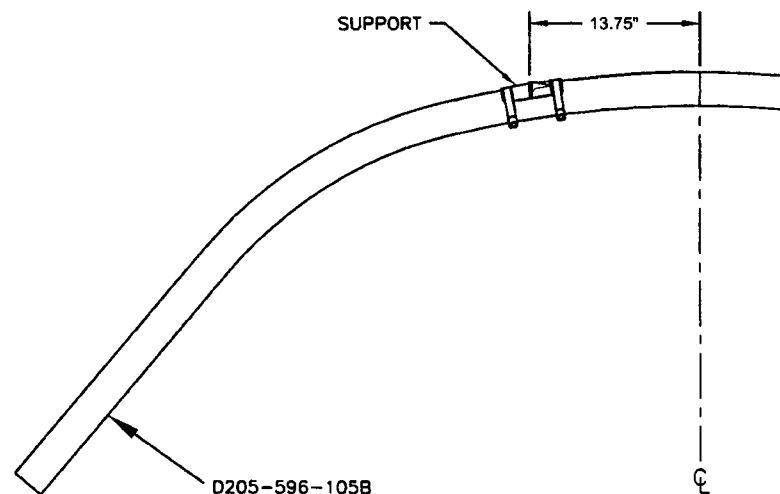
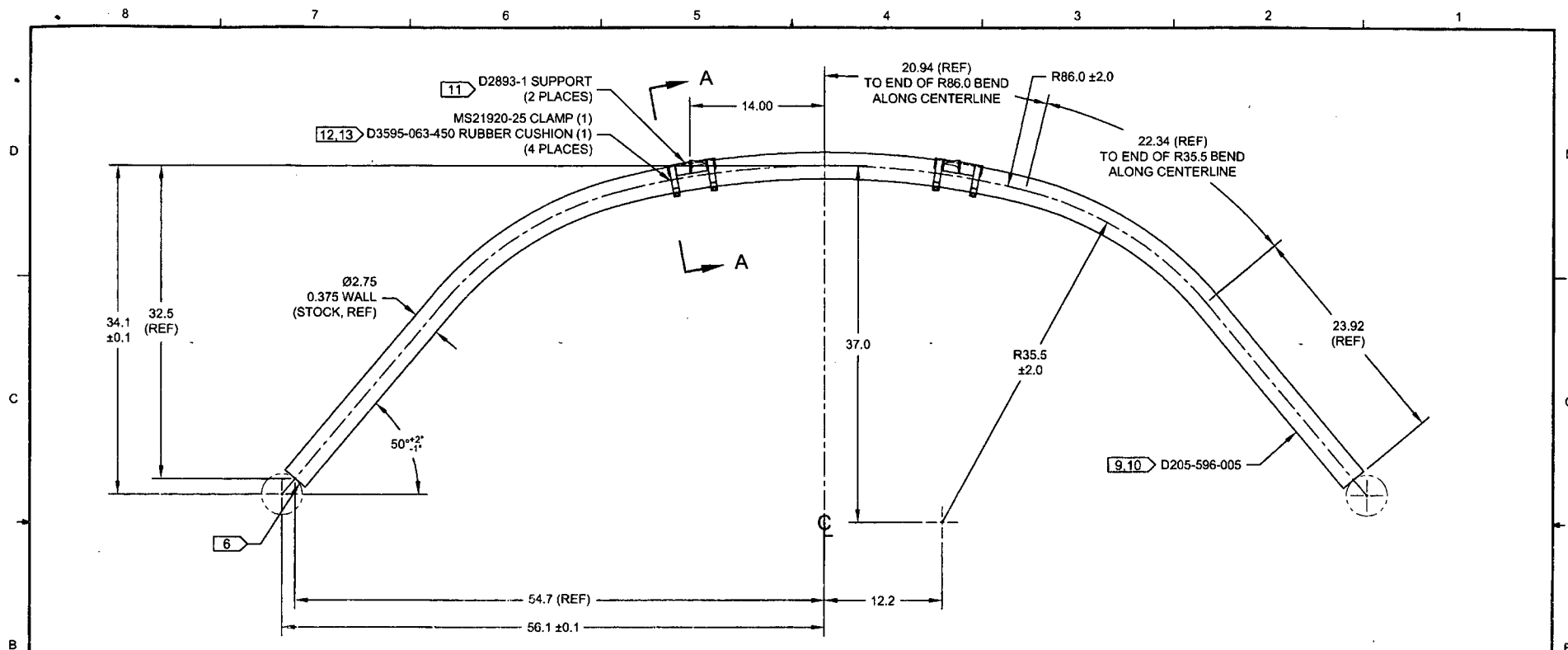


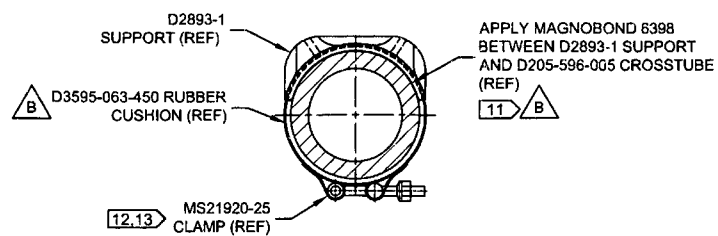
FIGURE 1 - SUPPORT INSTALLATION

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D205-596-105 CROSSTUBE ASSEMBLY, HI-HI FWD



SECTION A-A
SCALE 2:5

DEO ATTACHED
RELEASED
07.01.04

| | | | |
|------------|----------|--|--------------|
| DESIGN | 4 | DART AEROSPACE LTD | |
| DRAWN | 1 | HAWKESBURY, ONTARIO, CANADA | |
| CHECKED | PH | DRAWING NO. D205-596-105 | REV. B |
| MFG. APPR. | EE | | SHEET 2 OF 2 |
| APPROVED | HA | TITLE | SCALE |
| DE APPR. | HA | CROSSTUBE ASSEMBLY, HI-HI FWD | 1:10 |
| DATE | 07.12.03 | <small>COPYRIGHT © 2002 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> | |

PARTS LIST:

| Qty | Part Number | Description |
|-----|----------------|---|
| X | D205-596-105 | CROSSTUBE ASSEMBLY, HI-HI FWD |
| 1 | D6005-180 | CROSSTUBE |
| 2 | D2893-1 | SUPPORT |
| 4 | D3595-063-450 | RUBBER CUSHION |
| 4 | MS21920-25 | CLAMP |
| A/R | MAGNOBOND 6398 | ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE) |

GENERAL NOTES:

- 1) MATERIAL: MANUFACTURE FROM D6005-180
FINISHED LENGTH = 134.40 ± 0.02
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART 005 4.2
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER AND BATCH NUMBER IN THIS AREA WITH
VIBRATING STYLUS
- 7) WEIGHT: 40 lbs
- 8) PART IS SYMMETRIC ABOUT CENTERLINE
- 9) BEND PROGRESSIVELY WITH A MINIMUM OF 3 PASSES. MAXIMUM TUBE FLATTENING DUE TO
BENDING IS 6% BASED ON O.D.
- 10) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE
OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS
SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT
LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- 11) APPLY A 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2893-1 THAT
WILL BE IN CONTACT WITH THE CROSSTUBE. LET CURE FOR 12 HOURS AFTER INSTALLATION
AND PRIOR TO PACKAGING.
- 12) INSTALL MS21920-25 CLAMPS WITH D3595-063-450 RUBBER CUSHIONS TO SECURE D2893-1
SUPPORT ON THE TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE
CROSSTUBE SUPPORT.

NOTE: IT IS ACCEPTABLE TO SUBSTITUTE MS21920-25 CLAMPS WITH LONGER (MS21920-26) OR
SHORTER (MS21920-24) CLAMPS TO ACCOMMODATE VARYING DIAMETERS. ENSURE THERE IS A
MINIMUM OF 1.5 THREADS IN SAFETY ON THE NUTS.

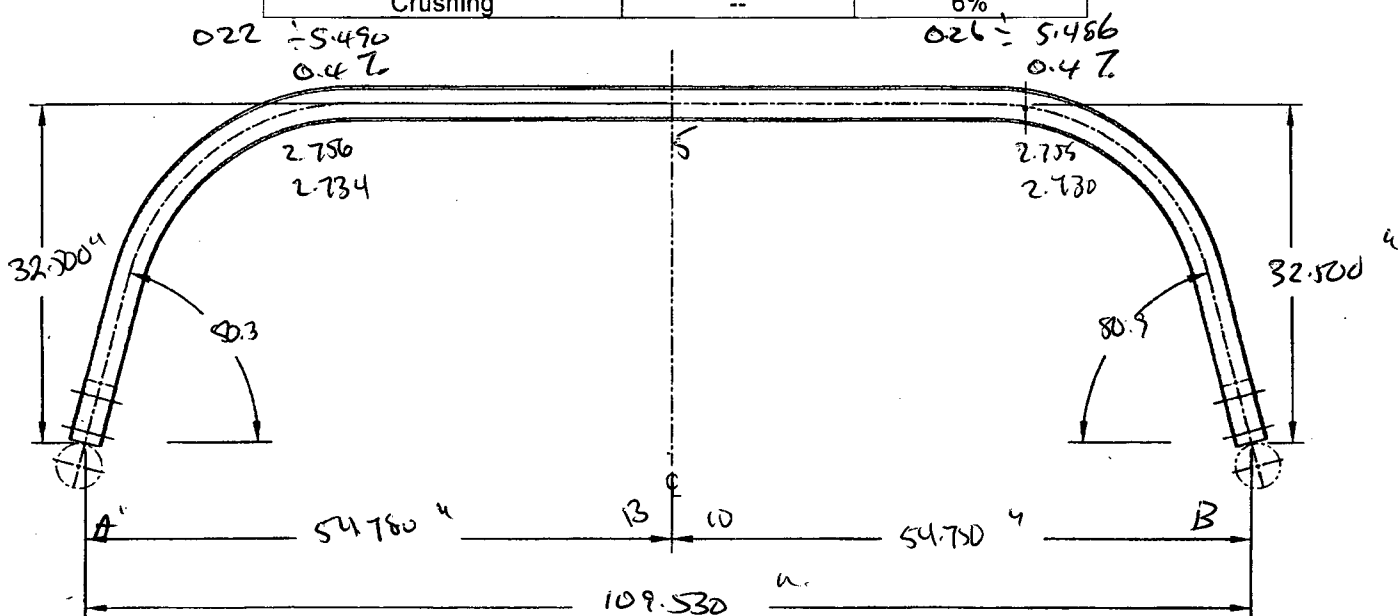
- 13) TORQUE CLAMPS 80 TO 100 IN-LB

DEO ATTACHED**RELEASED**
06-01-16 MP

| | | | |
|------------|---|--|--------------|
| B | SUPPORT NOW MAGNOBONDED; REMOVE D2856-600-851 ABRASION STRIP; UPDATED NOTES; ADDED D3595-063-450 CUSHION; MS21920-25 WAS MS21920-24 | MB | 07.12.03 |
| A | NEW ISSUE | DS | 02.11.20 |
| REV. | DESCRIPTION | BY | DATE |
| DESIGN | <i>[Signature]</i> | DART AEROSPACE LTD | |
| DRAWN | <i>[Signature]</i> | HAWKESBURY, ONTARIO, CANADA | |
| CHECKED | <i>[Signature]</i> | DRAWING NO. | REV. B |
| MFG. APPR. | <i>[Signature]</i> | D205-596-105 | SHEET 1 OF 2 |
| APPROVED | <i>[Signature]</i> | TITLE | SCALE |
| DE APPR. | <i>[Signature]</i> | CROSSTUBE ASSEMBLY, HI-HI FWD | NTS |
| DATE | 07.12.03 | COPYRIGHT © 2002 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. | |

| | | |
|---|----------------------------------|--------------------|
| DART AEROSPACE LTD | Work Order: 108352 | |
| Description: Crosstube High-High Fwd | Part Number: D205-596-105 | |
| Inspection Dwg: D205-596-105 Rev: B | | Page 1 of 1 |

| Required Dimension | Min | Max |
|--------------------|-------|-------|
| Height | 32.4 | 32.6 |
| 1/2 Span | 54.6 | 54.8 |
| Angle | 49 | 52 |
| Total Span | 109.2 | 109.6 |
| Bending Passes | 3 | -- |
| Crushing | -- | 6% |



| | Side A | Side B |
|--------------------------------|--------|--------|
| Bending Passes | 13 | 10 |
| Crushing | 0.4% | 0.4% |
| Comments | | |
| Side A: 0.4% crush @ 13 Passes | | |
| Side B: 0.4% crush @ 10 Passes | | |

| | |
|-----------------|-------------|
| QC15 Inspection | DAS |
| Date | 16 13/10/28 |

| Rev | Date | Change | Revised by | Approved |
|-----|----------|------------------------------------|------------|----------|
| A | 07.02.06 | New Issue | KJ/JM | |
| B | 08.04.21 | Dwg Rev updated | KJ/JM | |
| C | 12.04.16 | Added bending, crushing dimensions | KJ | |

Picklist Print

October-18-13 7:44:36 AM

Page 2

Work Order ID: 108352

Parent Item: D205-596-105B

Parent Item Name: Fwd Crosstube, 214

Start Date: 10/16/13

Required Date: 10/30/13

Start Qty: 1.00

Required Qty: 1.00

D6005-180 Manufactured No Each 12.0000
Crosstube Material

1

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| HALL | 12 | |
| 69797 | 12 | |

MS21920-25 Purchased No Each 87.0000
Clamp

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| FG | 2 | |
| 120920 | 2 | |
| LG050 | 85 | |
| M126491 | 45 | |
| M126862 | 40 | |

① TW 13-10-24
4

MA 13-10-30

October-18-13 7:44:36 AM

Shop Packet Print

Page 2

Picklist Print

October-18-13 7:44:35 AM

Page 1

Work Order ID: 108352

Parent Item: D205-596-105B

Parent Item Name: Fwd Crosstube, 214

Start Date: 10/16/13

Required Date: 10/30/13

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP REV:A 13.10.17 NEW ISSUE DD VERF:JLM

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D2893-1 Support | | Manufactured | No | | | | Each | 46.0000 | | 2 | | 13.10.30 | |

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| FG | 2 | |
| 87289 | 2 | |
| LG | 1 | |
| 102410 | 1 | |
| LG052 | 43 | |
| 100853 | 2 | |
| 102409 | 12 | |
| 102854 | 12 | |
| 104836 | 11 | |
| 72865 | 2 | |
| 96489 | 4 | |

D3595-063-450

Rubber Cushion

Manufactured No

Each 80.7000

4

13.10.30

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| FG | 15 | |
| 88422 | 5 | |
| 94274 | 10 | |
| LG | 11 | |
| 105054 | 11 | |
| LG050 | 54 | |
| 105557 | 27 | |
| 106584 | 27 | |
| LG051 | 0.7 | |
| 99357 | 0.7 | |

108056

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | | | | | | | | |
|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Operator | | | | | | | | | |
| Material | | | | | | | | | |
| Setup | | | | | | | | | |
| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| Landing Gear | General | Other |
|---|---|--|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Bend | <input type="checkbox"/> Grain |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Hardware |
| <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete |
| <input type="checkbox"/> Crushed/Crimped | <input type="checkbox"/> Burrs | <input type="checkbox"/> Instructions Incomplete/Unclear |
| <input type="checkbox"/> Cuffs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Countersink | <input type="checkbox"/> Mislabeled |
| <input type="checkbox"/> Inspection Strip in Tube | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Misread |
| <input type="checkbox"/> Ripples in Bend | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Offset |
| <input type="checkbox"/> Torque Waves in Extrusion | <input type="checkbox"/> Drawing | <input type="checkbox"/> Out of Calibration |
| <input type="checkbox"/> Turning Sequence | <input type="checkbox"/> Finish | <input type="checkbox"/> Out of Sequence |
| <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Folio | <input type="checkbox"/> Outside Dimensions |
| | | <input type="checkbox"/> Ovalized |
| | | <input type="checkbox"/> Over/Under tolerance |
| | | <input type="checkbox"/> Part Incorrect |
| | | <input type="checkbox"/> Part Lost/Missing |
| | | <input type="checkbox"/> Part Moved |
| | | <input type="checkbox"/> Positioned Wrong |
| | | <input type="checkbox"/> Power Loss/Surge |
| | | <input type="checkbox"/> Pressure/Forced |
| | | <input type="checkbox"/> Temperature/Cure |
| | | <input type="checkbox"/> Weld |
| | | <input type="checkbox"/> Wrong Stock Pulled |
| | | <input type="checkbox"/> Other |

Work Order ID 108352

108352

Page 5

October-16-13 10:35:36 AM

Item ID: D205-596-105B

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Fwd Crosstube, 214

Start Date: 10/16/13 Start Qty: 1.00

1

Cust Item ID:

Required Date: 10/30/13 Req'd Qty: 1.00

1

Customer:

Reference:

Run Start

NR1

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop

NR2

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 210 | Packaging | 0.00 | | | | | | | |
| *210* | | | | | | | | | |
| Packaging | Memo | 0.00 | | | | | | | |
| Packaging | Identify and pack for shipping as per PPP D205-596-105 | | | | | | | | |
| | Location: _____ | | | | | | | | |
| | PPP Rev: _____ | | | | | | | | |
| 220 | QC21- Final Inspection - Work Order Release | 0.00 | | | | | | | |
| *220* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |

13/11/1

DAS
6
9-09

13-11-07

MF

13-11-07

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | | | | | | | | |
|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Operator | | | | | | | | | |
| Material | | | | | | | | | |
| Setup | | | | | | | | | |
| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| Landing Gear | General | Other |
|---|---|--|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Bend | <input type="checkbox"/> Grain |
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| <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete |
| <input type="checkbox"/> Crushed/Crimped | <input type="checkbox"/> Burrs | <input type="checkbox"/> Instructions Incomplete/Unclear |
| <input type="checkbox"/> Cuffs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Countersink | <input type="checkbox"/> Misabeled |
| <input type="checkbox"/> Inspection Strip in Tube | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Misread |
| <input type="checkbox"/> Ripples in Bend | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Offset |
| <input type="checkbox"/> Torque Waves in Extrusion | <input type="checkbox"/> Drawing | <input type="checkbox"/> Out of Calibration |
| <input type="checkbox"/> Turning Sequence | <input type="checkbox"/> Finish | <input type="checkbox"/> Out of Sequence |
| <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Folio | <input type="checkbox"/> Outside Dimensions |
| | | <input type="checkbox"/> Ovalized |
| | | <input type="checkbox"/> Over/Under tolerance |
| | | <input type="checkbox"/> Part Incorrect |
| | | <input type="checkbox"/> Part Lost/Missing |
| | | <input type="checkbox"/> Part Moved |
| | | <input type="checkbox"/> Positioned Wrong |
| | | <input type="checkbox"/> Power Loss/Surge |
| | | <input type="checkbox"/> Pressure/Forced |
| | | <input type="checkbox"/> Temperature/Cure |
| | | <input type="checkbox"/> Weld |
| | | <input type="checkbox"/> Wrong Stock Pulled |
| | | <input type="checkbox"/> Other |

Work Order ID 108352

October-16-13 10:35:36 AM

108352

Page 4

Item ID: D205-596-105B

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Fwd Crosstube, 214

Start Date: 10/16/13 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 10/30/13 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

190

0.00

190

Crosstubes

0.00

Crosstubes

Memo

****Ensure to scuff and install per DEO D205-596-105B****

1- Lightly scuff the bonded area using a 320 grit sand paper and clean the area with 41058 wash 'n' wipe

2- Apply Proseal ~~Magnabond~~ 6398 as per dwg D205-596-105 ~~Magnabond~~ 6398

Batch: 126855 EXP: 05/14

3- Inst

200

QC5- Inspect part completeness to step on W/O

0.00

200

QC

Memo

0.00

Quality Control

DAS
11
989

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|---|------|------|---|---|-------------------|---|-------------|--------------|---|--|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data <input type="checkbox"/> | | | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | | |

Work Order ID 108352

October-16-13 10:35:36 AM

108352

Page 3

Item ID: D205-596-105B

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Fwd Crosstube, 214

Start Date: 10/16/13 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 10/30/13 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 160 | Crosstubes Chemical Conversion | 0.00 | | | | | | | |
| *160* | | | | | | | | | |
| HandFXtube | Memo | 0.00 | | | | | | | |
| Hand Finishing Crosstubes | *** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE*** | | | | | | | | |
| | 1- PRESSURE WASH AND THEN USE WASH'N WIPE TO CLEAN CROSSTUBE BEFORE CHEMICAL CONVERSION | | | | | | | | |
| 170 | | 0.00 | | | | | | | |
| *170* | SprayPaint | | | | | | | | |
| SprayPaint | Memo | 0.00 | | | | | | | |
| Spray Painting | 1-Prime inside and outside as per dwg and per QSI 005 4.1 | | | | | | | | |
| | Batch: <u>126873</u> | | | | | | | | |
| | 2- Paint outside per QSI 005 4.2 | | | | | | | | |
| | Batch: <u>127155</u> | | | | | | | | |
| 180 | QC14- Inspect Spray Paint | 0.00 | | | | | | | |
| *180* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |

Rm/eb 13-10-29

1 *W/W* 13-10-29

0 13/10/30 **DAS**
11
9-89

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | | | | | | | | |
|--|---|--|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|--|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/> | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | |

FAULT CATEGORY

| Landing Gear | General | |
|---|---|--|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Bend | <input type="checkbox"/> Grain |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Hardware |
| <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete |
| <input type="checkbox"/> Crushed/Crimped | <input type="checkbox"/> Burrs | <input type="checkbox"/> Instructions Incomplete/Unclear |
| <input type="checkbox"/> Cuffs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Countersink | <input type="checkbox"/> Mislabeled |
| <input type="checkbox"/> Inspection Strip in Tube | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Misread |
| <input type="checkbox"/> Ripples in Bend | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Offset |
| <input type="checkbox"/> Torque Waves in Extrusion | <input type="checkbox"/> Drawing | <input type="checkbox"/> Out of Calibration |
| <input type="checkbox"/> Turning Sequence | <input type="checkbox"/> Finish | <input type="checkbox"/> Out of Sequence |
| <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Folio | <input type="checkbox"/> Outside Dimensions |
| | | <input type="checkbox"/> Ovalized |
| | | <input type="checkbox"/> Over/Under tolerance |
| | | <input type="checkbox"/> Part Incorrect |
| | | <input type="checkbox"/> Part Lost/Missing |
| | | <input type="checkbox"/> Part Moved |
| | | <input type="checkbox"/> Positioned Wrong |
| | | <input type="checkbox"/> Power Loss/Surge |
| | | <input type="checkbox"/> Pressure/Forced |
| | | <input type="checkbox"/> Temperature/Cure |
| | | <input type="checkbox"/> Weld |
| | | <input type="checkbox"/> Wrong Stock Pulled |
| | | <input type="checkbox"/> Other |

Work Order ID 108352

October-16-13 10:35:36 AM

108352

Page 2

Item ID: D205-596-105B

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Fwd Crosstube, 214

Start Date: 10/16/13 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 10/30/13 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

130

QC15- Crosstube Dimensional Check

0.00 DAS

130

QC

Memo

0.00

16
9-89

13/10/28

Quality Control

140

Crosstubes

0.00

140

Crosstubes

Memo

0.00

1-Cut as per Dwg D205-596-105
2-Deburr & Inspect for surface damage. Polish cut surface. Scribe part # and batch # on one end of tube.

13-10-28

150

QC15- Crosstube Dimensional Check

0.00 DAS

150

QC

Memo

0.00

27
9-89

13/10/29

Quality Control

1

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: John Date: 13/11/14QA Closed: John Date: 13/11/13

| | | | | | | | | | | | |
|--|----------|------|-----|--|-----------------------------------|---|-----------------------------------|----------------------------------|-----------------------------------|--|--|
| Work Order: <u>108352</u> Part No. <u>D205 596-105A</u> NCR No. <u>13-3209</u> | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input checked="" type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data <input type="checkbox"/> | 13/11/01 | 100 | 1 | SUPPORT INSTALLED WITH PROSEAL PER PROCEDURE FOR DZ12-664-141 | DAS 12 9-89 13/11/01 | Acceptable Tube is CHG 603 ENG WILL CREATE DSI to send to customer N/A <u>UP</u> 13/11/11 | DAS 12 9-89 13/11/01 | 686 11 SVD 13/11/05 | DAS 11 9-89 13/11/05 | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | |

FAULT CATEGORY

| | | |
|---|---|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions |
| <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | |

Slp Dcd. 31

Work Order ID 108352

108352

Page 1

October-16-13 10:35:36 AM

Item ID: D205-596-105B

Accept

N9000040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Fwd Crosstube, 214

Start Date: 10/16/13 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 10/30/13 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals: Process Plan: W Date: Tooling: Date:

Run Start *NR1*

QC: Date: SPC (Y/N): Date:

Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

Draw Nbr

Revision Nbr

D205-596-105

B (DEO)

100

0.00

100

DOCUMENT CONTROL

DC

Memo

0.00

Document Control

Photocopy D205-594 bluefile & type labels per PPP D205-596-105 CHG002

CHG003

110

0.00

110

BENDING MACHINE - CROSSTUBES

CNC Bend 2

Memo

0.00

CNC Alpha 160 Bender

Bend as per Dwg D2889 using CNC bender program

JW 13-10-24

120

0.00

120

Crosstubes

Crosstubes

Memo

0.00

Crosstubes

Mark 23.92" for cutting from tangential line in the straight section from D2889 as per Dwg wall template.

JW 13-10-24

| | | | |
|---|-----------------|------------|--|
| 3 | Downing, Eric M | 11/22/2013 | |
| Verify D205-594-XXXX in stock to ensure the supports are located IAW ICA-D205-594 Rev. 4. | | | |
| 4 | Willems, Sian | 11/22/2013 | |
| Provide compensation to East West Helicopters for extra work required to relocate supports. | | | |

| Verification & Review | | | |
|---------------------------|-------|-------------|-----------|
| Target Date 11/23/2013 | Owner | Closed Date | Closed By |
| Details | | | |

| Actions | | | |
|---------|-------|-------------|----------------|
| Number | Owner | Target Date | Completed Date |
| Details | | Response | |
| | | | |
| | | | |



Non-Conformance Report

Printed on:

Tuesday, November 19, 2013

| | | | |
|---|-----------------------|---|-----------------------------|
| Details | | | |
| Raised Date 11/19/2013 | Status Open | Owner Forbes, Nigel | Number NCR13-3234 |
| Target Date 11/23/2013 | Standard | | Severity |
| Process Customer Feedback | | Audit | |
| Raised By Person East West Helicopters | | Raised Against (Department or Supplier) Manufacturing\Finishing | Fault Category |
| Details Customer received 2 sets of D205-594-013B gear and while trying to install them on their 214's, they have noticed that the supports were not installed as outlined in ICA-D205-594 Rev. 4. Crosstubes B/N: B108352/353/354/355. | | | |
| Keywords | | Product D205-594 | |
| Document | | Root Cause | |
| Closed By | Closed Date | Resolution | |

| | | | |
|----------------------------------|--------------|--------------------|------------------|
| Corrective Action | | | |
| Target Date 11/22/2013 | Owner | Closed Date | Closed By |
| Details | | | |

| | | | |
|---|------------------|---|-----------------------|
| Actions | | | |
| Number | Owner | Target Date | Completed Date |
| Details | | Response | |
| 4 | Willems, Sian | 11/22/2013 | |
| Provide compensation to East West Helicopters for extra work required to relocate supports. | | | |
| 1 | Bellavance, Marc | 11/18/2013 | 11/18/2013 |
| Contact customer and get more specifics. | | Conversation resulted as what customer reported: the mounts should be 13.75" from the center and theirs is actually 13.5". Tech Support recommended relocating the supports; customer will do but understandably not too happy about having to do this. | |

